

## Evaluation of Nurse Orientation

Name: \_\_\_\_\_ Department \_\_\_\_\_

Date: \_\_\_\_\_

Job Title at time of orientation:      RN      GN      LVN      GVN      Nurse Aide

Unit to which you were oriented: \_\_\_\_\_

How long have you been a nurse (or aide)? \_\_\_\_\_

After you have completed this evaluation form, mail to Ahnna Parker, Director of Nursing Services, Mail STOP: 8165.

### **Please answer the following questions.**

1. In your opinion, the Welcoming Event: (circle your choice)

a. was too short	too long	just right
b. was not helpful	somewhat helpful	very helpful
c. should be totally changed	change some parts	leave it the same
d. what would you change? _____		
  
2. In your opinion, General New Nurse Orientation: (circle your choice)

a. was too short	too long	just right
b. was not helpful	somewhat helpful	very helpful
c. should be totally changed	change some parts	leave it the same
d. what would you change? _____		
  
3. In your opinion, your Department Specific Orientation (circle your choice)

a. was too short	too long	just right
b. was not helpful	somewhat helpful	very helpful
c. should be totally changed	change some parts	leave it the same
d. what would you change? _____		
  
4. How long was your Department Specific Orientation? \_\_\_\_\_
  
5. During your orientation, on each day that you worked, did you have an appointed preceptor?

Yes	No	Not Sure
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6. After you completed orientation did you feel prepared to begin your own practice in your department?

Yes, Definitely

Somewhat Prepared

Not Ready at All

7. In your opinion, your Department Specific Orientation:

*Strongly Agree*

*Agree*

*Neutral*

*Disagree*

*Strongly Disagree*

5

4

3

2

1

- \_\_\_\_\_ Was well organized and helpful?
- \_\_\_\_\_ Covered sufficient information to get you started?
- \_\_\_\_\_ Always provided a preceptor for you?
- \_\_\_\_\_ Familiarized you with equipment used in your department?
- \_\_\_\_\_ Taught you all of the unique skills needed in your department?

**Comments:**

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8. In your opinion, do you feel that your school of nursing has prepared you with the clinical skills necessary to perform your duties as a staff nurse in your chosen department? (circle one)

*Strongly Agree*

*Agree*

*Neutral*

*Disagree*

*Strongly Disagree*

5

4

3

2

1

**Comments:**

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